

Memory Services Spotlight Audit 2021

Casenote Audit

National audit of all memory services in England and Wales aiming to find out about access, waiting times and new ways of working. This has been developed in collaboration with the London Dementia Clinical Network and NHS England and Improvement.

Sample

50 consecutive patients **seen for initial assessment from 01/01/2021** per registered service/clinic/team participating in the audit. This therefore excludes patients who were referred but declined to be seen by the service/ clinic or failed to attend.

You can enter more than 50 if you wish. If your service does not have 50 patients with an initial assessment in January, you may continue into February.

Please contact us if you need to continue into March, or if patients have not completed the pathway to diagnosis.

Please do not include patient identifiers such as name, address or NHS number.

Who should complete this audit?

The audit should be completed by memory service staff, this can include students and unqualified/junior staff with supervision. The audit does not need to be completed by the same person (e.g. 5 people can audit 10 case notes each).

Save: This will allow you to return and complete the questionnaire at a later date. To resume please log back into the survey.

Reset: Clears your answers on the current page.

Submit: Once you have answered all of the questions please click submit to send the data to the NAD team.

Please enter the organisational code provided by the project team.
Please get in contact if you do not have this number.

Please enter the audit patient number.
Please see separate guidance for how to allocate this. Do not include NHS number or clinic ID number.

Is this an inter rater reliability check?
Please see separate guidance.

- Yes
- No

My service or clinic is in:

- England
- Wales

Patient Demographics

Q1 Age at referral
To calculate click here

Q2 Sex
Please respond with sex assigned at birth

- Male
 Female

Q3 Gender
Please select option patient most identifies with

- Male Non-binary/Other
 Female Unknown/Not documented

Q4 Sexual Orientation

- Heterosexual/Straight Other sexual orientation
 Gay or Lesbian Unknown/Not documented
 Bisexual

Q5 Ethnicity
These are standard NHS ethnicities. Select unknown/ not documented if no ethnicity recorded

- Asian or Asian British (*includes any Asian background e.g. Bangladeshi, Chinese, Indian, Pakistani*) White (*includes any White background*)
 Black, African, Black British or Caribbean (*includes any Black background*) Another ethnic group (*includes any other ethnic group, e.g. Arab*)
 Mixed or multiple ethnic groups (*includes any mixed background*) Unknown/Not documented

Q6 Is English the patient's first language?

Yes

No

The patient is Welsh speaking

Unknown/Not documented

Q7 Did the patient need an interpreter?

Yes, provided by family member

Yes, provided by interpreter

No

Unknown/Not documented

Interpreter not available/service unable to provide

Q8 Does the patient live alone?

Yes

No

Unknown/Not documented

Q9 Lower Super Output Area - Name Field:

(Please see guidance and please do not enter postcode information)

To find the LSOA for **England** click here

To find the LSOA for **Wales** click here and click on 'Postcode to WIMD rank lookup' to download the spreadsheet. Enter the postcode in column A without a space and this will give you the LSOA name.

Q10 Who was the patient referred by?

GP

CMHT

Acute hospital

Day Hospital

Other

If other, please specify:

Q11 Date referral received (*must be in format DD/MM/YY*)

Q12 Date seen for initial assessment (*must be in format DD/MM/YY*)

Q13 Place of assessment (*Tick all that apply*)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Phone call |
| <input type="checkbox"/> Patient's usual place of residence (<i>select this if assessed at home or in a care home</i>) | <input type="checkbox"/> Video call |
| <input type="checkbox"/> Other (<i>inpatient rehabilitation unit, short stay unit etc</i>) | |

Q14 Was the video call facilitated by someone else? e.g. children or spouse

- | | |
|---------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> Unknown/Not documented |
| <input type="radio"/> No | |

Q15 Reported alcohol consumption per week

- | | |
|---------------------------------|--|
| <input type="radio"/> 0 units | <input type="radio"/> 10-14 units |
| <input type="radio"/> 1-4 units | <input type="radio"/> More than 14 units |
| <input type="radio"/> 5-9 units | <input type="radio"/> Unknown/Not documented |

Q16 Is there evidence of a discussion about:

- | | Yes | No |
|--|-----------------------|-----------------------|
| The patient's eyesight/vision (e.g. does the patient wear glasses, last opticians appointment) | <input type="radio"/> | <input type="radio"/> |
| The patient's hearing (e.g. does the patient wear hearing aids) | <input type="radio"/> | <input type="radio"/> |

Q16 In addition to the above, if your service is in Wales is there evidence of a discussion about:

- | | Yes | No |
|---|-----------------------|-----------------------|
| The individuals general current physical health status and any current difficulty | <input type="radio"/> | <input type="radio"/> |

Q17 Was the patient referred to occupational therapy for a functional assessment?

- | | |
|--|---|
| <input type="radio"/> Yes | <input type="radio"/> No service provided |
| <input type="radio"/> Patient declined | <input type="radio"/> No not appropriate |

Q18 Was a falls history taken (e.g. number of falls in the last 12 months, fear of falling)?

- Yes
 No

Q19 Was the patient referred to diagnostic neuropsychological assessment?

Yes

No not appropriate

Patient declined

Not referred, reason unknown or unclear

No service provided/ available for referral

Any other comments about the assessment (*optional*)

Investigations

Q20 Was a brain scan requested by memory service?

- Yes
- No
- Requested but not carried out

Q21 Date scan requested? *(must be in format DD/MM/YY)*

Q22 Who requested the scan?

If request goes through the GP but requested by Memory Service (due to local pathways) please select Memory Service.

- GP
- Hospital
- Memory Service

Q23 Was a scan performed?

- Yes
- No

Q24 What scan was performed?

(Tick both if the patient had a CT and MRI scan)

- MRI
- CT

Q25 Reason scan was not performed:

- Previous scan
- Patient declined
- Contraindicated
- Not required

Q26 Date of scan *(must be in format DD/MM/YY):*

Q27 Were specialised investigations performed? e.g. PET/DAT/SPECT scan/CSF examination

- Yes
- No

Q28 What specialised investigations were performed?
(Tick all that apply)

PET scan

DAT scan

SPECT scan

CSF examination

Diagnosis

Q29 Recorded diagnosis

- Alzheimer's disease
- Vascular dementia
- Dementia with Lewy bodies
- Behavioural variant frontotemporal dementia - Primary progressive aphasia
- Behavioural variant frontotemporal dementia - Posterior cortical atrophy
- Parkinson's disease dementia
- Mixed dementia (dementia of more than one type)
- Alcohol related dementia included Korsakoff Syndrome
- Unspecified dementia (*if working diagnosis please select this option*)
- Other dementia
- MCI
- Subjective cognitive impairment/no illness specified
- Primary psychiatric diagnosis (e.g. depression, anxiety, schizophrenia)
- Functional cognitive disorder
- Other (not dementia)

Q30 Was this diagnosis:

- Confirmed
- Working

Q31 Date diagnosis was given

Must be in format DD/MM/YY. This is the date the patient/carer are informed of the diagnosis

Q32 Was anti-dementia medication prescribed?

- Yes
 No, not appropriate
 Patient declined
 No, contraindicated

Q33 Which medication was prescribed?
This refers to the initial prescription

- Donepezil
 Galantamine
 Rivastigmine oral
 Memantine
 Rivastigmine transdermal patch
 AChEI and Memantine (*select if prescribed a Cholinesterase Inhibitor and Memantine*)

Q34 Was the patient offered cognitive stimulation therapy (CST)?

	Yes, patient accepted	Yes, patient declined	No, not appropriate (e.g. advanced dementia, no dementia, language barrier)	No, service not available	No, other
Face to Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual (online or other virtual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify:

Q35 Was the patient offered a dementia advisor or navigation type service (either in house or referral on)?

E.g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic

- Yes, patient accepted
 No, service not available
 Yes, patient declined
 No, other
 No, not appropriate (e.g. patient did not have dementia)

If other, please specify:

Q35b Was the patient offered a dementia advisor or navigation type service **from diagnosis to end of life** (either in house or referral on)?

E.g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic

- | | |
|--|---|
| <input type="radio"/> Yes, patient accepted | <input type="radio"/> No, service not available |
| <input type="radio"/> Yes, patient declined | <input type="radio"/> No, other |
| <input type="radio"/> No, not appropriate (e.g. patient did not have dementia) | |

If other, please specify:

Q36 Was the carer offered a psychoeducation course (either in house or referral on)?

For example: START, CRISP programme

- | | |
|---|---|
| <input type="radio"/> Yes, carer accepted | <input type="radio"/> No, no carer or relative |
| <input type="radio"/> Yes, carer declined | <input type="radio"/> No, service not available |
| <input type="radio"/> No, patient did not have dementia | <input type="radio"/> No, other |

If other, please specify:

Q37 What other interventions were provided? (either in house or by referral onwards)

- | | | |
|--|--|--|
| <input type="checkbox"/> Advance care planning | <input type="checkbox"/> Dementia/Memory cafes | <input type="checkbox"/> Post-diagnostic groups |
| <input type="checkbox"/> Animal-assisted therapy | <input type="checkbox"/> Family/Systemic therapy | <input type="checkbox"/> Reminiscence |
| <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Involvement groups | <input type="checkbox"/> Signposting |
| <input type="checkbox"/> Cognitive behaviour therapy | <input type="checkbox"/> Life Review Therapy | <input type="checkbox"/> Specialist information |
| <input type="checkbox"/> Cognitive rehabilitation | <input type="checkbox"/> Life story work | <input type="checkbox"/> Stress/Anxiety management |
| <input type="checkbox"/> Cognitive training | <input type="checkbox"/> Music therapy | <input type="checkbox"/> Vocational rehabilitation support |
| <input type="checkbox"/> Counselling and psychotherapy | <input type="checkbox"/> Peer-support groups | <input type="checkbox"/> Other |
| <input type="checkbox"/> Creative arts therapies | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> None |
| | <input type="checkbox"/> Post-diagnostic counselling | |

If other, please specify:

Q37a1 In addition to the above interventions, if your service is in Wales were you able to offer: (Please tick both if they apply)

- Interventions aligning to the all Wales pathway of standards - standard 9
- Other socially prescribed interventions

Q38 Was the patient asked about being contacted for research?

Yes, patient consented

Not appropriate

Yes, patient declined

No documented discussion

Q39 Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?

Yes

No

Thank you for completing this questionnaire.

Please use the button below to submit your data. You will not be able to make any changes after submitting, so please ensure you have entered the data correctly.